Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	003902	A. BUILDING _____ B. WING _____	C 08/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTH AT PRESTWICK	**182 S CR 550 E AVON, IN 46123**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for investigation of complaint number IN00094435. Complaint IN00094435: Substantiated, no deficiencies related to the allegations are cited Dates of survey: August 15 and 16, 2011 Facility number: 003902 Provider number: 003902 AIM number: NA Survey team: Vanda Phelps, R.N. Census bed type: Residential 120 Total 120 Census payor type: Other 120 Total 120 Sample: 3 The Hearth at Prestwick was found to be in compliance with 410 IAC 16.2-5 in regard to the investigation of complaint number IN00094435. Quality review completed 8/17/11 Cathy Emswiller RN	R 000		